

**SPECIAL MEETING OF THE TRAUMA SYSTEMS BUDGET SUBCOMMITTEE OF
THE ARKANSAS STATE BOARD OF HEALTH**

March 16, 2015

MEMBERS PRESENT

Clark Fincher, M.D. (via phone)
George Harper, J.D. (via phone)
Jim Lambert (via phone)
Marvin Leibovich, M.D. (via phone)

GUESTS PRESENT

Rick D. Hogan, General Counsel
Leslie Lovett, Board of Health Liaison
Renee Joiner, Section Chief, Trauma Section
Melissa Foust, Trauma Program Manager
Bill Temple, Branch Chief, Trauma & Injury Prevention
Teresa Belew, Section Chief, Injury & Violence Prevention
Todd Maxson, Trauma Medical Consultant

MEETING OF THE STATE BOARD OF HEALTH

The special meeting of the Trauma System Budget Subcommittee of the Arkansas State Board of Health was held Monday, March 16, 2015, in the Trauma Conference Room of the Arkansas Department of Health in Little Rock, Arkansas. Members participating by conference call were Marvin Leibovich, M.D., Clark Fincher, M.D., George Harper, J.D. and Jim Lambert. The meeting was called to order at approximately 12:00 p.m.

Approval of the 2016 Fiscal Year Budget

The FY16 Trauma System Budget is recommended by the Governor's Trauma Advisory Council (TAC) for Board of Health (BOH) approval.

Changes from the FY15 Budget:

- Carryover funds decreased from 3.3 million in FY15 to an estimated 1.3 million in FY16. This decrease has resulted in all sub-grants (hospital, Injury and Violence Prevention, and EMS) being funded at base level. Carryover funds were distributed to sub-grantees in previous years.
- Trauma Regional Advisory Council (TRAC) budgets are decreased from \$20,000 to \$10,000. This decrease is to bring the TRAC budgets in line with actual budgetary needs. TRACs may request additional funds for special projects from the Trauma Section.
- Additional funding and program oversight will be focused on pay for performance metrics and system enhancement initiatives. These are dedicated funding for facilities, providers, and services participating in the trauma system who/that provide services beyond what is required.

Concerns raised during the FY15 Trauma System budget review process were:

1. Emergency Medical Services (EMS)

\$185,000 is dedicated to the EMS Medical Director. This is being paid by Trauma for fiscal year 2015 with the understanding that once funds are available it will be funded by EMS.

2. Arkansas Children's Hospital (ACH) Burn Center Funding

\$250,000 is dedicated each year to burn education and community outreach. Historically, ACH has been the only Burn Center participating in the Arkansas Trauma System. ACH, as a pediatric facility, requires adult patients to be evaluated by an adult trauma center before admission to the Burn Unit. In addition, the ACH Burn Unit has limited bed capacity for adult patients which has resulted in the unit being on diversion for accepting adult patients 27.29% in CY 2014. These issues were raised as a concern during the FY15 BOH review.

During the past year the TAC Finance Committee has worked to address these issues by inviting two adult burn centers associated with current Arkansas Trauma Centers to participate. The Region One Burn Center in Memphis, TN and the Mercy Burn Center in Springfield, MO are now participating in our system and are listed on the trauma dashboard as available to direct

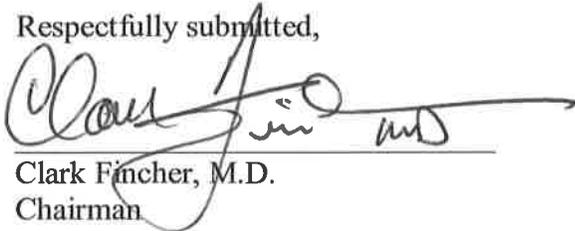
admit adult burn patients. Eligibility requirements for participation are to meet national practice standards by becoming designated (or be in pursuit of designation) by the American Burn Association (ABA). Funding provided to the three burn centers is used to pursue ABA designation, provide American Burn Life Support training, and to provide community outreach and education. Admittedly, this does not address the issue of no direct admission of an adult to the ACH Burn Center but does now provide immediate options for the care of adult burn patients.

3. Arkansas Trauma Communications Center (ATCC) Directing EMS Transports to Trauma Centers

The ATCC houses the trauma dashboard which reflects real time capability and capacity of our 69 designated trauma centers. EMS is required by rule and regulation to call the ATCC for a recommendation of the closest most appropriate trauma center for the transport of major and moderate trauma patients. A question was raised as to why the ATCC was not directing these transports. The TAC and the ADH Trauma and EMS Sections agree that the medic providing direct care to the trauma patient has the best information available needed to determine if the ATCC recommendation is the best option for the patient. It is noted that EMS follows the ATCC recommendation 94% of the time.

There was no further business to report and the meeting was adjourned at approximately 1:00 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Clark Fincher, M.D.", written over a horizontal line. The signature is stylized and includes a long horizontal flourish extending to the right.

Clark Fincher, M.D.
Chairman